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MASSACHUSETTS
CRIMINAL JUSTICE TRAINING COUNCIL

Medical Guidelines and Procedures for Admission to Basic Recruit Training

AUTHORITY

These Medical Guidelines are issued by the Massachusetts Criminal Justice Training Council, pursuant to Massachusetts General Laws, Chapter 6, Section 118, which provides that the Council may establish rules and regulations related to the entrance requirements of recruits entering basic training schools.

PURPOSE

These guidelines are designed to ensure that persons appointed to full-time positions as police officers, correction officers, motor vehicle examiners or similar positions subject to the recruit training requirements of Massachusetts General Laws Chapter 41, Section 96B are physically fit to perform the rigorous and arduous training requirements for such positions consistent with the following parameters and purposes.

(1) Minimal risk to themselves, their fellow officers and the general public.

(2) Selection of persons who may be expected to perform the tasks of a recruit during Basic Recruit Training.

(3) To forestall disability retirements resulting from a propensity for training related injuries as a result of required performance.

In applying these standards any health problem or physical defect will be evaluated in its relation to a bona fide occupational qualification (BFOQ). If the problem or defect does not contravene the principle of BFOQ, it shall be disregarded in accordance with the MGL Ch. 151B, Section 4, Sub-section 3.

This evaluation will be conducted by the Medical Review Board (MRB) which will consider whether the candidate can perform the essential functions and tasks required for completion of the training regardless of the health problem or physical defect.

Before rendering a final decision on a disqualifying condition, the MRB must consider whether the condition is remediable by a reasonable accommodation as the latter phrase is used in MGL Ch. 151B, Section 4, Sub-section 16.

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APPROVED BY: Ric Murphy State Purchasing Agent

The term "Potentially Disqualifying Condition" as used in these Guidelines may be defined as follows:

> Any condition specified in these Guidelines, which may render the candidate incapable of satisfactorily completing the training necessary to perform the essential functions of the position.

Candidates with one or more Potentially Disqualifying Conditions will be reviewed on a case-by-case basis by the Medical Review Board (MRB) to determine if they are in fact capable of performing the essential functions of the training.

A Potentially Disqualifying Condition may be temporary or permanent. In cases where the condition is temporary, the candidate's enrollment in a training session may be deferred for the reasonable time required to remedy the condition.

All reviews by the MRB will be conducted on an expeditious manner, as soon as is reasonably possible after referral by Council staff at prescreening.

PROCEDURES

A. Medical Examination Conducted by the Municipalities Prior to Entrance into Training

Prior to admission to an academy, all recruits must have a medical examination completed by a qualified physician. This examination must be conducted in accordance with the medical guidelines and M.G.L., Chapter 151B, Section 4 (16). The examination is considered valid for 180 calendar days.

All candidates screened for attendance in a Basic Recruit Academy by a municipality using these guidelines for selection shall be sent to prescreening regardless of whether or not the results of their physical examination is in conformity with these guidelines.

The Training Council, at the request of the municipality, will provide standard medical examination forms to be completed by the examining physician.

Appointing authorities must submit to the Training Council, the application for attendance and the medical examination form on or before 28 working days prior to the starting date of the academy session for which any candidate is being considered for attendance.

B. Prescreening of Recruits

In order to be assured of each candidate's conformity with these guidelines and to avoid unnecessary delay and expense, the Council will require that all entering candidates be prescreened for conformity with said guidelines. Prescreening will be conducted by the Criminal Justice Training Council.

Prescreening procedures are designed to ascertain the recruit's readiness for training and allow the participating recruit to make an informed decision as to his/her level of commitment to enter such training prior to leaving present employment. Because prescreening is conducted prior to the starting date of the session, should a recruit decline to enter the academy, the sponsoring city or town is provided time to replace the recruit with another candidate in the scheduled academy session. The Academy Director, who is present at prescreening, is provided with valuable information as to the ability of the entering student and can properly prepare the instruction and activities.

Prescreening will be conducted at least ten (10) working days prior to the opening date of the academy session and unless an alternate location has been approved, will be conducted at the Metro Boston Complex in Needham or the Connelly Criminal Justice Training Center in Agawam.

There are four consecutive phases to the Prescreening Evaluation:

Phase I	Administrative Review of Compliance with Enrollment Regulations
Phase II	Reading Comprehension Evaluation
Phase III	Conformity with Medical Guidelines
Phase IV	Physical Fitness Evaluation

A non-conformity determined in Phase III of the Prescreening may defer the student from enrollment in the Academy. This phase involves a review of the completed physical examination form and conformity with the guidelines.

Candidates who are found to have a potentially disqualifying condition will be notified at the time of Prescreening. Appeal to the Training Council's Medical Review Board (MRB) is automatic. Candidates at their own expense may submit medical or other documentation as to their condition or proposed accommodation to the MRB for consideration.

Candidates will be provided with procedures for appeal at the time of deferral. Appointing authorities and Chiefs of Police will be promptly notified of the deferral in writing.

C. Medical Review Board

The Medical Review Board shall consist of the following voting members: A medical doctor to be appointed by the Executive Director of the Massachusetts Criminal Justice Training Council; a police training subject matter expert to be appointed by the Executive Director of the Training Council; an advocate from the handicapped community; a representative of the Massachusetts Municipal Association; a member of the Training Council or designee; and, the General Counsel of the Training Council, who shall be a non-voting member.

The Chairman of the Medical Review Board shall be designated by the Executive Director of the Training Council.

A Medical Review Board will be scheduled in advance of each recruit session and as directed by the Executive Director, and will be convened at the Metro Boston Complex in Needham.

A candidate deferred from acceptance into a basic recruit training session will automatically have his/her material appealed to the Council's Medical Review Board.

All reviews by the MRB will be conducted in an expeditious manner, and barring unusual extenuating circumstances, will be completed within a reasonable time.

The deferred candidate may submit documentation, at his/her own expense, medical or other, relevant to his/her appeal to be considered by the MRB.

The Medical Review Board shall notify the Candidate, the Appointing Authority and the Chief of Police orally of its decision within 48 hours and will issue a written decision within 10 working days of the review to same.

Candidates whose deferral is reversed by the Medical Review Board will be eligible to enter the next available academy. Candidates whose deferral is upheld by the Medical Review Board may seek further appeal through the Massachusetts Commission Against Discrimination pursuant to M.G.L., Chapter 151B, Section 4, Subsection 3 or through civil process pursuant to Castro v. Beecher.

The decision of the Medical Review Board will be binding on academies operated or approved by the Training Council pursuant to M.G.L., Chapter 6, Section 118.

C. Administration

Psychological screening is not a requirement for entrance into an academy. However, where such examinations are made as a condition of employment by the appointing authority the following must be taken into consideration.

Psychological screening is a separately conducted component of the medical examination of public safety candidates and should be conducted as the final step and as a DPA approved plan only in the selection process. These examinations are to be given only to candidates who have been found otherwise qualified, and who have been given a conditional offer of employment. Uniform methods and procedures must be used for all candidates within a department. Inquiries relating to psychological screening should be directed to the Department of Personnel Administration at (617) 727-4110.

The Civil Service Commission is empowered under Section 2 Chapter 31 of the General Laws to hear and decide appeals by applicants aggrieved by any decision, action, or failure to act resulting from the administration of medical/psychological examinations as described herein.

Candidates will be entitled to copies of their medical examination form upon request. Inquiries concerning these policies and procedures should be directed to the Director of Training, Criminal Justice Training Council, Metro Boston Complex, 1155 Central Avenue, Needham, Massachusetts 02192 or by calling (617) 727-7827.

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ITEM 4A.

MEDICAL GUIDELINES

INTRODUCTION

The Massachusetts Criminal Justice Training Council has the authority to set standards for applicants to Massachusetts Law Enforcement Training Academies. The Council has developed a series of medical requirements that trainees should meet prior to entering the Basic Recruit Academy Course. These requirements are established to ensure that trainees have the necessary health status to safely meet the physical demands of both the academy and the initial field assignments.

The Academy applicant undergoes a three phase process:

PHASE I - Applicant fills out medical/health history for physician and academy review.

PHASE II - Applicant undergoes a medical examination to be cleared for entrance into the Academy program.

PHASE III - Applicant participates in a physical fitness test not less than ten (10) working days prior to the start of the Academy.

The applicant must successfully complete all phases prior to being admitted into the Academy.

MEDICAL EXAMINATION

The applicant is to fill out a medical history form prior to the examination.

Only qualified physicians may conduct this examination. A qualified physician for purposes of this process is defined as a Medical Doctor (MD) licensed to practice medicine in the Commonwealth of Massachusetts. The qualified physician is approved in writing by the Appointing Authority to conduct the examination. Further, the physician must be able to apply independent judgment in making clinical assessments of the applicant's health status pertaining to Academy participation. The physician is to review the Medical History form and utilize the Medical Examination Form to report the findings of his/her clinical and laboratory examination. The physician must be familiar with the Medical Guidelines and attest to his knowledge of such Guidelines. These Medical Guidelines will be provided by the Council to the Appointing Authorities.

Both Forms (Medical History and Medical Examination forms) must be completed and submitted to the prescreening coordinator at the Council with a copy sent to the appropriate academy director twenty-eight (28) days prior to the start date of the academy session to which the candidate is applying.

PHYSICAL FITNESS TEST

The physical fitness test battery will consist of the following items.

1. Height/weight
2. Body composition
3. Resting blood pressure
4. 12 minute run/walk or 1.5 mile run
5. 1 minute sit-up test
6. 1 repetition maximum bench press
7. Sit and reach test
8. Agility run

MEDICAL/HEALTH ACADEMY SELECTION REQUIREMENTS

The medical/health requirements cover those medical and physical fitness areas that have a bearing on the individual's capability to perform his/her training and job duties in the following manner:

1) The medical/health status can affect those physical abilities necessary to perform academy and job related duties.

2) The medical/health status can affect the performance of academy and job duties in a safe manner thus increasing the jeopardy to the individual to his/her fellow trainees and employees, or to the public.

3) The medical/health status shows a substantial probability of physical deficit, condition or disease that would increase risk of disability and the unsafe, inefficient performance of academy or job duties.

The purpose of having these requirements is to provide specific guidelines to the medical examiner for the process of assessing health status for the entrance of the individual in the State of Massachusetts Police Academy.

The medical/health requirements address common diseases, disorders or areas of functioning within a health status category. For each health status category the various sub-areas will be classified according to the following paramenters:

A) ACCEPTABLE

B) ACCEPTABLE OR NOT ACCEPTABLE depending upon specific job or related medical requirements. Specific clinician attention and review is necessary.

For each classification of a sub-area a rationale will be given.

EYES AND VISION

The occupational significance of this area, at a general level, concerns the ability to see and to be free of visual problems affecting acuity. There are several worker required behaviors for which visual acuity (distant, near, color, depth and peripheral factors) is necessary to include: driving, surveillance/observation, firearms and report writing and reading. There are also several physical activity worker required behaviors which place the eye at risk from blows to include: defensive tactics and arrest procedures for controlling subjects.

I. GENERAL REQUIREMENT Any condition which may interfere with acuity or put the eye at risk may render an individual UNACCEPTABLE. Any status which does not place the individual in the ACCEPTABLE category would render the individual UNACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement	Area	
A.	1.	VISUAL ACUITY - DISTANT VISION must be 20/25 (Snellen) in each eye corrected and 20/200 uncorrected.
A.	2.	VISUAL ACUITY - NEAR VISION must be 20/40 corrected.
A.	3.	VISUAL ACUITY - COLOR VISION must be sufficient to demonstrate normal color vision on color plate tests for color vision.
A.	4.	VISUAL ACUITY - DEPTH PERCEPTION must demonstrate normal stereo-depth perception with or without correction (80% or better on the Shepard-Fry test).
A.	5.	VISUAL ACUITY - PERIPHERAL VISION must be normal.
		Rationale for all visual acuity standards 1-5 is that they pertain to the significant importance for good vision from a safety and job performance requirement.
B.	6.	GLAUCOMA
		Rationale This disease affects visual acuity over time.

B. 7. STRABISMUS MAY OR MAY NOT BE ACCEPTABLE.

Rationale Strabismus may reflect an acuity impairment. Individual assessment is necessary.

B. 8. CURRENT CATARACTS are NOT ACCEPTABLE. If the individual meets visual acuity guidelines following surgery then the condition is ACCEPTABLE.

Rationale Untreated cataracts severely reduce acuity.

B. 9. PROLIFERATIVE RETINOPATHY

Rationale This condition places the eye at risk when there is physical activity contact.

B. 10. NYSTAGMUS or any disorder of extra ocular movement that interferes significantly with vision

Rationale Ocular movement can affect acuity.

B. 11. MONOCULAR VISION from missing eye due to disease or injury MAY or MAY NOT BE ACCEPTABLE.

Rationale The effect of this condition on functional acuity and risk to remaining eye must be ascertained.

B. 12. BLINDNESS

B. 13. RETINAL DETACHMENT

Rationale Besides affecting vision, physical activity poses a serious threat to the eye with this condition.

B. 14. PAPILLEDEMA

Rationale This can pose a serious risk to optic nerve damage.

B. 15. VISUAL TUMOR DISORDERS MAY OR MAY NOT BE ACCEPTABLE.

Rationale Visual tumors may pose a serious threat to vision especially from the risk of blows.

B. 16. UNTREATED EYELID DISORDERS SUCH AS ACTIVE BLEPHARITIS, BELPHAROSPASM, ENTROPION AND ECTROPION ARE NOT ACCEPTABLE

Rationale These conditions affect eye functioning so that that acuity is affected. However, they are treatable and may be ACCEPTABLE if a temporary condition.

B. 17. CHRONIC CONJUNCTIVITIS

Rationale This condition is communicable and affects acuity.

B. 18. CHRONIC KERATITIS

Rationale This condition seriously impairs corneal tissue.

B. 19. OPTIC NEURITIS

Rationale This condition affects acuity.

EARS - HEARING

The occupational significance of this area, at a general level, concerns the ability to hear and maintain equilibrium. There are several worker required behaviors for which adequate hearing is necessary to include: surveillance, interviewing, interrogation, radio/telephone conversations and testifying. There are also several physical tasks requiring motor equilibrium to include: climbing, jumping, balancing, defensive tactics and arrest procedures for controlling subjects.

I. GENERAL REQUIREMENT: Any condition which may interfere with hearing and inner ear equilibrium may render an individual UNACCEPTABLE. Any status which does not place the individual in the ACCEPTABLE category would render the individual NOT ACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement Area

A. 1. ABILITY TO HEAR is ACCEPTABLE if the individual can hear at the following levels. Using an audiometer there should be no loss of 25 or more decibels at the 500, 1000, 2000, and 3000 Hz level in both ears.

Rationale This represents the hearing required to perform public safety functions.

B. 2. ABILITY TO HEAR is NOT ACCEPTABLE if there is permanent loss in either ear beyond 25 decibels at the 500, 1000, and 3000 Hz level.

Rationale This amount of hearing loss affects critical job performance capabilities.

B. 3. PERFORATED TYMPANIC MEMBRANE

Rationale Work conditions require immersion of t head in water which aggravates this condition.

B. 4. ACUTE OTITIS MEDIA, OTITIS EXTERNA, AND MASTOIDI

Rationale Hearing is adversely affected by thes conditions.

B. 5. ANY INNER/MIDDLE/or OUTER EAR DISORDER AFFECTI EQUILIBRIUM

Rationale With disequilibrium all physical jo performance capabilities are reduced.

NOSE, MOUTH, THROAT

The occupational significance of this area, at a general level, is that distinct speech, odor detection, and free breathing is required. There are several worker required behaviors for which communication is necessary to include: interviewing, interrogation, radio/telephone conversation and testifying. There are also several physical tasks requiring free breathing to include: running, sprinting, swimming, defensive tactics and arrest procedures for controlling subjects. Odor detection for toxic fumes and searching are also worker required behaviors that this area can impact.

I. GENERAL REQUIREMENT: Any disorder that affects the structure and function of the nose, mouth, and throat for communication and breathing purposes may render the individual UNACCEPTABLE. Any category which does not place the individual in the ACCEPTABLE category would render the individual UNACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement	Area	
B.	1.	LOSS OF SENSE OF SMELL Rationale Sense of smell is essential.
B.	2.	APHONIA or any speech loss from conditions such as a tracheostomy Rationale Speech is required of the job.
B.	3.	RHINITIS MAY OR MAY NOT be ACCEPTABLE. Rationale Often this condition is temporary and can be controlled by medication. If a chronic condition affecting breathing is present it would render the individual NOT ACCEPTABLE.
B.	4.	SPEECH DEFECTS MAY or MAY NOT be ACCEPTABLE provided communication requirements are met. Rationale If communication is seriously hampered then the speech condition is NOT ACCEPTABLE.
B.	5.	ABNORMALITIES OF NOSE, THROAT OR MOUTH that interfere with breathing. Rationale Free breathing is required to transport oxygen for critical physical tasks.

B. 6. PERFORATION OF NASAL SEPTIUM MAY or MAY NOT be ACCEPTABLE.

Rationale No serious threat is posed unless the individual will be working around fumes. Individual evaluation is necessary pertaining to hazards posed by riot chemical agents.

B. 7. SINUSITIS or MALFORMATIONS THAT WOULD PREVENT NASAL RESPIRATION MAY or MAY NOT be ACCEPTABLE.

Rationale Reduced nasal respiration may limit physical activity.

B. 8. DEFORMITIES INTERFERING WITH THE FITTING OF A GAS MASK.

Rationale Use of gas mask is an essential job requirement.

PERIPHERAL VASCULAR SYSTEM

The occupational significance of this area, at a general level, concerns the efficiency of the vascular system for maintaining adequate blood flow in a manner that does not place the individual at health risk. There are several worker required behaviors requiring adequate peripheral blood flow. In turn, these job demands pose significant stroke and cardiovascular risk to the individual with peripheral vascular conditions. Example worker required behaviors include: running, sprinting, lifting, carrying, defensive tactics, and arrest procedures for controlling subjects.

I. GENERAL REQUIREMENTS Any condition which may interfere with the peripheral vascular system's normal functioning may render the individual UNACCEPTABLE. Any status which does not place the individual in an ACCEPTABLE category would render the individual UNACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement	Area	
A.	1.	RESTING BLOOD PRESSURE - Below 145 mmHg systolic and 95 mmHg diastolic without medication is ACCEPTABLE. Rationale Blood pressure levels below these levels pose no significant risk.
B.	2.	PERSISTENT HYPERTENSION uncontrolled (systolic greater than 145, diastolic greater than 95 mmHg) is NOT ACCEPTABLE. Rationale Hypertension adds significant risk due to physical lifting job demands.
B.	3.	PERSISTENT HYPERTENSION controlled through medication (systolic less than 145 mmHg, diastolic less than 95 mmHg) MAY or MAY NOT BE ACCEPTABLE. Rationale Medication effects on exercise capability may produce a depressed blood flow response during physical activity limiting performance and placing the individual at cardiovascular risk. Close individual assessment is necessary. ACCEPTABLE medication would include: potassium sparing diuretics, ACE inhibitors and beta 1 selective blockers. Controlled hypertension through other medications are NOT ACCEPTABLE.

A. 4. VARICOSE VEINS OF A MILD DEGREE WHICH ARE ASYMPTOMATIC are ACCEPTABLE.

Rationale This condition poses no threat for health risk or reduced job performance capabilities.

B. 5. VENOUS INSUFFICIENCY

Rationale These diseases seriously limit blood flow which limits physical activity functions.

B. 6. PERIPHERAL VASCULAR DISEASE, INCLUDING RAYNAUD'S AND BUERGER'S DISEASE

Rationale These diseases seriously limit blood flow which limits physical activity functions.

B. 7. THROMBOLPHLEBITIS

Rationale This disorder poses serious circulatory risks rendering the individual incapable for performing strenuous physical activity safely.

HEART AND CARDIOVASCULAR SYSTEM

The occupational significance of this area, at a general level, concerns the ability of the heart to provide the functional work capacity to meet the oxygen demands of physical work tasks. It also refers to the heart's integrity to be free of coronary artery or coronary heart disease symptoms so that the individual is at low risk of disability or death. There are several worker related behaviors for which adequate oxygen transport and central blood flow is necessary to include: running, carrying, swimming, administering CPR, defensive tactics, arrest and restraining procedures for controlling subjects. These same activities pose serious risks for the individual with heart and cardiovascular conditions.

I. GENERAL REQUIREMENT Any symptomatic condition which would interfere with heart function may render an individual UNACCEPTABLE. Any status which does not place the individual in the ACCEPTABLE category would render the individual UNACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement	Area	
A.	1.	FUNCTIONAL WORK CAPACITY (aerobic power) must be at the 40th percentile (age and sex adjusted norms) relative to estimated MAXIMUM O_2 UPTAKE. Rationale A minimum degree of aerobic power is necessary to perform a variety of physical tasks and serve as an index of cardiovascular efficiency. In the absence of energy cost data the 40th percentile of the population is reasonable and represents a level that is trainable to the 50th percentile for maintenance during an academy.
*	2.	FUNCTIONAL WORK CAPACITY (aerobic power) below the 40th percentile (age and sex adjusted norms) is NOT ACCEPTABLE. Rationale A functional work capacity below this level not only reduces readiness to perform strenuous physical activity but also poses a level of coronary risk.
B.	3.	FUNCTIONAL HEART MURMURS MAY or MAY NOT BE ACCEPTABLE. Rationale These murmurs may not be a significant risk if functional work capacity is acceptable.

B. 4. VALVULAR HEART DISEASE

Rationale This disorder severely limits physical activity and significantly increases health risk.

B. 5. CORONARY ARTERY DISEASE

Rationale This disorder severely limits readiness to perform physical activity and increases health risk.

B. 6. ECG ABNORMALITIES of the following nature MAY or MAY NOT BE ACCEPTABLE unless there is associated disease and/or UNACCEPTABLE functional work capacity.

a. supraventricular extrasystoles, less than 1/min.
b. ventricular extrasystoles, occasional and unifocal
c. sinus bradycardia
d. 1° A-V block and Mobitz Type I A-V block
e. hemiblocks

Rationale These ECG abnormalities when viewed as independent findings do not necessarily constitute a risk.

B. 7. ECG ABNORMALITIES of the following nature:

a. WPW syndrome
b. ST depression
c. right or left bundle branch blocks
d. 3° A-V block
e. Mobitz Type II A-V blocks
f. sinoatrial block or sick sinus syndrome
g. ventricular extrasystoles (frequent)-20 per min. with exercise
h. ventricular tachycardia
i. ventricular extrasystole greater 10/min.
j. atrial fibrillation or flutter
k. symptomatic supraventricular tachycardia

Rationale These abnormalities are limiting factors for functional work capacity and are symptomatic of heart disease.

B. 8. ANGINA

Rationale This disorder reflects the inability of the heart to receive oxygen and places the individual at risk if physical activity is performed.

B. 9. CONGESTIVE HEART FAILURE

Rationale This results in reduced functional ability in all areas.

B. 10. CARDIOMYOPATHY

Rationale This disorder results in reduced functional capacity.

B. 11. PERICARDITIS, ENDOCARDITIS AND MYOCARDITIS

Rationale These conditions pose serious problems for heart function with reduced functional work capacity.

RESPIRATORY SYSTEM

The occupational significance of this area, at a general level, concerns lung functioning, breathing capacity for performing physical activity and freedom from air way obstruction. There are several worker related behaviors for which breathing capacity and adequate air flow is necessary to include: running, sprinting, swimming, lifting, carrying, defensive tactics, riot procedures employing a gas mask and respirator, administering CPR, and arrest/restraint procedures for controlling subjects.

I. GENERAL REQUIREMENT: Any condition which may significantly interfere with breathing capacity may render the individual as UNACCEPTABLE. Any status which does not place the individual in an ACCEPTABLE category would render the individual UNACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement	Area	
B.	1.	PULMONARY TUBERCULOSIS Rationale This condition is debilitating and infectious.
B.	2.	CHRONIC BRONCHITIS Rationale This disorder seriously affects breathing capacity.
A.	3.	ASTHMA that is not associated with reduced pulmonary function nor requiring medication is ACCEPTABLE. Rationale Mild asthma not affecting FEV, below 80% poses little risk of physical activity capability.
B.	4.	ASTHMA associated with reduced pulmonary function (FEV, below 80%) or controlled by medication. Rationale Adequate ventilation is required to perform physical job tasks. Exercise training can elicit asthma symptoms even with medication and individualized training programs are required. The nature of academy training and on the job physical task situations is such that individual accommodations to reduce risk cannot be made.

B. 5. CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Rationale Breathing capacity to perform physical activity is seriously hampered.

B. 6. BRONCHIECTASIS AND PNEUMOTHORAX

Rationale These conditions decrease pulmonary function.

B. 7. PNEUMONECTOMY MAY or MAY NOT BE ACCEPTABLE.

Rationale If pulmonary function (FEV) is not reduced and aerobic power standards are met, then one lung is ACCEPTABLE.

B. 8. ACUTE MYCOTIC DISEASES SUCH AS COCCIDIODOMYCOSIS AND HISTOPLASMOSIS

Rationale These diseases seriously decrease respiratory functioning.

B. 9. ACUTE PLEURICY

Rationale This condition seriously decreases respiratory capacity.

GASTROINTESTINAL SYSTEM

The occupational significance of this area, at a general level, concerns a variety of gastrointestinal disorders that can affect performing job tasks by imposing severe individual discomfort. The gastrointestinal system is also a system that is susceptible to a variety of occupational stress disorders. There are several worker required behaviors for which gastrointestinal functioning could impact to include: prolonged sitting, standing surveillance, lifting and carrying, defensive tactics and arrest procedures for controlling subjects.

I. GENERAL REQUIREMENT Any disorder that affects the normal gastrointestinal system to the effect that dysfunction and discomfort is present may render the individual UNACCEPTABLE requiring further review and/or screening. Any status which does not place the individual in the ACCEPTABLE category would render the individual NOT ACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement	Area	
B.	1.	COLITIS CONTROLLED is ACCEPTABLE.
B.	2.	DIVERTICULITIS CONTROLLED is ACCEPTABLE.
B.	3.	ESOPHOGEAL DISORDERS CONTROLLED are ACCEPTABLE. -esophogeal stricture -lower esophogeal ring -esophogeal spasm
B.	4.	HEMORRHOIDS CONTROLLED are ACCEPTABLE. Rationale These four disorders are treatable. They are ACCEPTABLE provided the individual's condition does not cause excessive sick leave or symptoms prevent the performance of academy or job duties.
B.	5.	PANCREATITIS MAY or MAY NOT BE ACCEPTABLE. Rationale This disorder places the individual at health risk from physical contact blows and strenuous physical activity. If this condition has been present during the last 12 months it is NOT ACCEPTABLE. If it has been a past condition, individual determination of risk is necessary.

B. 6. GALL BLADDER DISORDERS MAY or MAY NOT BE ACCEPTABLE.

Rationale Gall stones could obstruct at any time posing a health risk with the physical activity demands of the academy. If this condition has been present during the last 12 months it is NOT ACCEPTABLE. If it has been a past condition, individual determination of risk is necessary.

B. 7. SYMPTOMATIC ESOPHOGEAL SPASM or STRICTURE

Rationale These are serious disorders affecting daily functioning. Bleeding may occur.

B. 8. ACTIVE PEPTIC ULCER DISEASE.

Rationale The symptomology of this disorder may incapacitate the individual from performing normal duties. Bleeding may occur.

B. 9. IGUINAL, UMBILICAL, VENTRAL or FEMORAL HERNIAS THAT HAVE BEEN REPAIRED MAY or MAY NOT BE ACCEPTABLE.

Rationale Repaired hernias do not pose a serious risk unless they are currently symptomatic. Symptomatic hernias of this type would be UNACCEPTABLE because of lifting demands of the job.

B. 10. IGUINAL, UMBILICAL, VENTRAL OR FEMORAL HERNIAS until surgically corrected are NOT ACCEPTABLE.

Rationale These hernias are at a high risk of constriction and serious internal damage from lifting and physical training demands.

B. 11. MALIGNANT DISEASE of liver, gall bladder, pancreas, esophagus, stomach, small or large bowel, rectum or anus MAY or MAY NOT BE ACCEPTABLE.

Rationale The effect of malignant disease could have a bearing on day to day functioning as well as placing the individual at serious risk from academy physical demands. The extent of mestastasis, and the effects of medication must be reviewed to determine acceptability.

B. 12. GASTROINTESTINAL BLEEDING

Rationale This condition poses a serious health risk that can be incapacitating.

B. 13. ACTIVE HEPATITIS

Rationale With this disease there is an infection risk as well as a serious overall health risk.

B. 14. CIRRHOSIS OF THE LIVER

Rationale This disease poses serious health problems placing the individual at risk from physical contact and activity demands.

GENITOURINARY SYSTEM

The occupational significance of this area, at a general level, concerns renal failure and genitourinary dysfunction. Renal function is a central factor for maintaining body fluids. The kidneys and assorted genital organs are target organs for many serious health risks which can cause pain and discomfort affecting attention, alertness and physical performance. There are several worker required behaviors for which genitourinary dysfunction could impact to include: standing, sitting for long periods, lifting, defensive tactics and arrest/restraint procedures for controlling subjects.

I. GENERAL REQUIREMENTS Any condition affecting the genitourinary tract so that physical movement may be hampered may render an individual as UNACCEPTABLE. Any status that does not place the individual in ACCEPTABLE category would render the individual UNACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement	Area	
B.	1.	PREGNANCY is ACCEPTABLE. Rationale The condition is acceptable, however, the timing for employment and training would be dependent upon pregnancy duration.
B.	2.	SINGLE KIDNEY MAY OR MAY NOT BE ACCEPTABLE. Rationale Academy and job conditions will place the individual in situations that could result in damage to remaining kidney. This risk must be reviewed.
B.	3.	ACUTE NEPHRITIS Rationale This disease varies in severity, however, during the acute phase debilitating pain is present.
B.	4.	ACUTE RENAL CALCULI Rationale Severe debilitating pain occurs with this condition, reducing critical job performance capabilities.

B. 5. RENAL FAILURE

Rationale This is a debilitating condition placing the individual at serious risk from physical contact situations.

B. 6. ACUTE URINARY CALCULI

Rationale An acute condition of these calculi can be incapacitating.

B. 7. ASYMPTOMATIC BENIGN PROSTATIC HYPERTROPHY is ACCEPTABLE.

Rationale Without symptoms, academy and job functioning capabilities should not be affected.

B. 8. SYMPTOMATIC PROSTATE HYPERTROPHY

Rationale Frequent urination with this condition affects sitting and activity tasks.

B. 9. HYDROCELE AND VARILOCELE MAY or MAY NOT BE ACCEPTABLE.

Rationale This is of no functional significance if physical movement is not handicapped. If physical movement capability is decreased then it would be UNACCEPTABLE.

B. 10. MALIGNANT DISEASES of KIDNEY, URETER, CERVIX, OVARIES, BREASTS or PROSTATE MAY or MAY NOT BE ACCEPTABLE.

Rationale These diseases pose chronic health risks. The effect of malignant disease could have a bearing on day to day functioning, as well as physical demands. The extent of mestastasis and the effects of medication must be reviewed to determine acceptability.

B. 11. CONTAGIOUS VIRAL VENEREAL DISEASES, SUCH AS HERPES

Rationale These diseases pose on-going health risks to others.

B. 12. NON-VIRAL VENEREAL DISEASES MAY or MAY NOT BE ACCEPTABLE.

Rationale Any venereal disease symptomatically within 12 months would render the individual NOT ACCEPTABLE. The individual free of symptoms or infection for over 12 months would be ACCEPTABLE provided there was no chronic damage.

B. 13. NEPHROSIS

Rationale This condition is associated with serious renal disease.

B. 14. PYELONEPHRITIS

Rationale This disease causes serious renal damage.

B. 15. POLYCYCSTIC KIDNEY DISEASE

Rationale This condition is associated with serious renal dysfunction.

B. 16. PELVIC INFLAMMATORY DISORDERS SUCH AS CERVICITIS, ENDOMETRIOSIS AND BARTHOLINITIS.

Rationale These disorders pose physical movement problems.

B. 17. INFLAMMATORY DISORDERS SUCH AS PROSTATITIS AND ORCHITUS.

Rationale These disorders pose physical movement problems.

B. 18. PRESENCE OF COCAINE OR MARIJUANA METABOLITE.

Rationale Use of these substances is illegal and impair physical performance.

ENDOCRINE AND METABOLIC SYSTEMS

The occupational significance of this area, at a general level, concerns any abnormal hormonal system response that may affect job performance.

Any excess or deficiency in hormonal functioning can produce metabolic disturbances affecting weight control, stress adaptation and anatomic nervous system activity, energy production, and a variety of symptoms such as elevated blood pressure, weakness, fatigue and collapse. Worker required behaviors that are impacted by endocrine and metabolic disorders include: crawling in confined spaces, stamina tasks, such as running and swimming, stressful situations, such as use of firearms, defensive tactics and arrest procedures for controlling subjects.

I. GENERAL REQUIREMENT: Any condition affecting the hormonal dysfunctioning so that the maintenance of body functions is disrupted may render the individual NOT ACCEPTABLE. Any status which does not place the individual in the ACCEPTABLE category would render the individual NOT ACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement	Area	
B.	1.	THYROID DISEASE MAY or MAY NOT BE ACCEPTABLE. Rationale A review of how controlled the disease is and medication effect on physical performance risk is necessary to assess acceptability. Active thyroid disease and its medication may predispose the individual to heat injury, heart arythmia and other ECG abnormalities. If the disease has been stable for one year with medication, the the individual would be ACCEPTABLE. If the individual has recently been placed on medication, then the individual would NOT BE ACCEPTABLE because the medication accommodation period is a period of high risk.
B.	2.	CONTROLLED DIABETES MELLITITUS THAT IS WITHOUT THE NEED FOR INSULIN OR DRUG THERAPY MAY or MAY NOT BE ACCEPTABLE. Rationale Controlled diabetes through diet and exercise need not affect job performance capabilities.

B. 3. DIABETES MELLITIS REQUIRING MEDICATION FOR CONTROL MAY or MAY NOT BE ACCEPTABLE.

Rationale This condition can pose a safety hazard to the individual in many of the job conditions. If uncontrolled, the individual would NOT BE ACCEPTABLE. A review of medication mode is necessary. Controlled diabetes through the insulin pump method is NOT ACCEPTABLE because of physical contact activity demands. Needle and oral methods require review.

A. 4. BODY COMPOSITION is ACCEPTABLE if the individual is at the 40th percentile (age and sex adjusted) for % body fat, or above.

Rationale Greater than average body fat can hinder performance and pose a health risk.

B. 5. BODY COMPOSITION below the 40th percentile (age and sex adjusted).

Rationale High percentage of fat poses a health threat and reduced readiness to perform any physical effort involving strength, stamina on working in confined space and temperature extremes.

B. 6. ADRENAL DYSFUNCTION IN THE FORM OF ADDISONS DISEASE OR CUSHINGS SYNDROME.

Rationale These diseases pose serious metabolic problems affecting physical activity capability.

B. 7. SYMPTOMATIC HYPOGLYCEMIA

Rationale This condition represents a metabolic problem that can affect performance of physical activity.

B. 8. PITUITARY DYSFUNCTION

Rationale This disorder can affect the functioning of other glands for body regulation.

b. 9. THYROID TUMOR MAY or MAY NOT BE ACCEPTABLE.

Rationale Tumors pose serious health risk problems. The tumor status, medication effects and risk posed by physical contact demands need to be reviewed to assess acceptability.

SKIN AND COLLAGEN DISEASES

The occupational significance of this area, at a general level, concerns dermatitis and topical allergies which can cause employee discomfort thus affecting job performance. This can limit the possible environments that an individual can be safely exposed to. Worker required behaviors that can have an impact on skin conditions include: running, physical training activities and self defense training, activity both inside and outside, searching, swimming and tracking.

I. GENERAL REQUIREMENT Any condition affecting the skin and related tissue so that serious discomfort would limit working environments may render an individual NOT ACCEPTABLE. Any status which does not place the individual in the ACCEPTABLE category would render the individual NOT ACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement	Area	
A.	1.	PSORIASIS is ACCEPTABLE. Rationale While this condition may cause discomfort it need not affect job performance.
A.	2.	PLANTAR WARTS are ACCEPTABLE. Rationale These should have no bearing on job performance capabilities.
B.	3.	ECZEMA AND FURUNCULOSIS CONDITIONS MAY OR MAY NOT BE ACCEPTABLE. Rationale Academy physical activity conditions will aggrevate these conditions. A review of severity risk is necessary to ascertain acceptability.
B.	4.	LUPUS ERYTHEMATOSUS Rationale Exposure to the sun aggrevates this condition.
B.	5.	CONTACT ALLERGIES MAY OR MAY NOT BE ACCEPTABLE. Rationale Academy physical conditions may aggrevate this condition. If the individual has had a severe condition requiring hospitalization in the past, then the individual would be NOT ACCEPTABLE.

MUSCULOSKELETAL SYSTEM

The occupational significance of this area, at a general level, concerns the mobility, stability, flexibility and strength to perform physical job tasks efficiently with minimum risk of injury. There are several worker required behaviors for which strength, flexibility and coordinated movement are necessary to include: running, walking, lifting, carry, riot procedures, balancing, defensive tactics and arrest/restraint procedures for controlling subjects.

I. GENERAL REQUIREMENT: Any musculoskeletal condition sufficient to limit the force or motion of a major joint may render the individual as UNACCEPTABLE. Any status which does not place the individual in the ACCEPTABLE category would render the individual as UNACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement	Area	
B.	1.	DISORDERS AFFECTING THE MUSCULOSKELETAL SYSTEM MAY or MAY NOT BE ACCEPTABLE if the individual meets the basic strength flexibility, agility and coordinated balance requirements. Rationale Only those disorders that limit motor performance demand special attention.
B.	2.	CERVICAL SPINE OR LUMBOSACRAL FUSION MAY or MAY NOT BE ACCEPTABLE. Rationale If the individual has recovered from surgery and meets the movement and physical performance standards then the individual would be ACCEPTABLE.
B.	3.	SEVERE DEGENERATIVE CERVICAL OR LUMBAR DISC DISEASE IS NOT ACCEPTABLE. Rationale Degenerative disease poses a safety hazard for the individual in performing physical tasks.

B. 4. EXTREMITY AMPUTATION MAY OR MAY NOT BE ACCEPTABLE.

Rationale If the individual can perform critical physical tasks and meet other physical performance test demands then the individual would be ACCEPTABLE.

B. 5. OSTEOMYELITIS is NOT ACCEPTABLE.

Rationale This disease represents a serious bone disorder limiting movement and lifting capability.

B. 6. MUSCULAR DYSTROPHY

Rationale This is a serious debilitating disease affecting motor performance.

C. 7. LOSS IN MOTOR ABILITY FROM TENDON or NERVE INJURY is NOT ACCEPTABLE.

Rationale Full motor ability is necessary to perform physical job tasks.

B. 8. ARTHRITIS MAY or MAY NOT BE ACCEPTABLE.

Rationale This disease may seriously limit motor performance capabilities. Severity or functional impairment for physical activity must be considered.

A. 9. LOWER BACK FLEXIBILITY is ACCEPTABLE if the individual obtains the 40th percentile (age and sex adjusted) on the sit and reach test (Dillon and Wells test).

Rationale Minimum range of motion is necessary to perform job tasks safely.

* 10. LOWER BACK FLEXIBILITY is NOT ACCEPTABLE if the individual is less than the 40th percentile (age and sex adjusted norms) for the sit and reach test.

Rationale Less than minimum range of motion of the lower back area can negatively affect movement capabilities.

A. 11. ABDOMINAL MUSCULAR ENDURANCE is ACCEPTABLE if the individual scores at least the 40th percentile (age and sex adjusted) on the one minute sit up test.

Rationale Abdominal dynamic strength is necessary not only to perform some strength tasks but to also minimize the risk of lower back injury.

* 12. ABDOMINAL MUSCULAR ENDURANCE IS NOT ACCEPTABLE if the individual scores less than the 40th percentile (age and sex adjusted) on the one minute sit up test.

Rationale Lack of abdominal strength limits the efficient performance of many academy motor tasks and contributes to lower back problems.

A. 13. COORDINATED BALANCE is ACCEPTABLE if the individual can pass the following three items:

-demonstrate ability to squat and rise without holding onto any object
-demonstrate ability to walk on toes and heels without holding onto another object
-demonstrate ability to close eyes with feet together and not lose balance

Rationale Coordinated balance is necessary for many critical job duties.

B. 14. COORDINATED BALANCE

Rationale Lack of coordinated balance places the individual in serious risk in critical physical task situations.

B. 15. HERNIATED DISC

Rationale This is a severe debilitating disease placing the individual at risk for strenuous physical activity.

B. 16. SPINAL DEVIATIONS MAY or MAY NOT BE ACCEPTABLE.

Rationale If physical mobility and weight bearing power are affected then spinal deviations are NOT ACCEPTABLE.

A. 17. UPPER BODY STRENGTH is ACCEPTABLE if the individual scores at least the 40th percentile (age and sex adjusted) on the 1 repetition maximum bench press.

Rationale Upper body strength is required for many frequent and critical physical tasks.

* 18. UPPER BODY STRENGTH is NOT ACCEPTABLE if the individual scores below the 40th percentile (age and sex adjusted) on the 1 repetition maximum bench press.

Rationale Lack of relative upper body strength limits physical performance of many tasks.

B. 19. GROSS MOTOR AGILITY MAY or MAY NOT BE ACCEPTABLE if the individual scores are below the 30th percentile (sex adjusted) on the Illinois agility run.

Rationale Agility is rated as an essential area for performing physical tasks. Performance on the agility test needs to be viewed with performance attained on the other physical fitness tests.

HEMATOPOIETIC AND LYMPHATIC SYSTEMS

The occupational significance of this area, at a general level, concerns chronic disorders that may affect overall health in a disabling manner. The mematopoietic system is critical for metabolic activity, and impacts the individual's red blood cells' ability to transport oxygen. In turn, disorders in this area can lead to reduced capability to perform intense physical exertion. The lymphatic system is critical in the maintenance of infection resistance. There are several worker required behaviors which can be impacted by hematopoietic and lymphatic disorders to include: running, swimming, riot situations, defensive tactics and arrest/restraint procedures for controlling subjects.

I. GENERAL REQUIREMENT: Any disorder that seriously affects blood characteristics of the lymphatic system may render the individual UNACCEPTABLE. Any status which does not place the individual in the ACCEPTABLE category would render the individual UNACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement	Area	
B.	1.	ANEMIA MAY or MAY NOT be ACCEPTABLE if the individual's hematrocrit is below 40 for a male and below 37 for a female. Rationale This disorder seriously affects 0_2 transportation thus altering physical activity capabilities. Individual determination of chronic anemia and related health status factors is necessary.
A.	2.	SICKLE CELL TRAIT is ACCEPTABLE. Rationale Having the "trait" does not pose a serious problem for work performance.
B.	3.	HODGKINS DISEASE or LYMPHOSARCOMAS MAY or MAY NOT BE ACCEPTABLE. Rationale These are incapacitating diseases at later stages (Hodgkins disease at stage 3 or beyond is NOT ACCEPTABLE).
B.	4.	HEMOPHILIA Rationale Relatively minor trauma can provoke bleeding.

B. 5. SICLE CELL DISEASE

Rationale The disease is incapacitating affecting oxygen carrying capability of the blood.

B. 6. LEUKEMIA

Rationale This is a progressive incapacitating disease affecting oxygen carrying capability of the blood.

NERVOUS SYSTEM

The occupational significance of this area, at a general level, concerns the functioning of the central and peripheral nervous system. Adequate nervous system functioning critical for the regulation coordination and control of movement and bodily processes. Dysfunctioning in this area can increase the probability of accidents and potential inability to perform a variety of physical tasks. There are several worker required behaviors for which motor control is necessary to include: running, walking, standing, driving, firearms, balancing, lifting and carrying, defensive tactics and arrest/restraint procedures for controlling subjects.

I. GENERAL REQUIREMENT Any condition affecting the nervous system that seriously impairs motor movement may render an individual as NOT ACCEPTABLE. Any status which does not place the individual in an ACCEPTABLE CATEGORY WOULD RENDER THE INDIVIDUAL UNACCEPTABLE.

II. SPECIFIC REQUIREMENTS

Requirement	Area	
B.	1.	EPILEPSY MAY or MAY NOT BE ACCEPTABLE.
		Rationale The possibility of seizures and/or can affect job performance placing the individual and others at risk. If the individual has been controlled for 12 months with no seizures or medication effects, then this individual may be ACCEPTABLE. Close review is necessary.
B.	2.	CEREBRAL PALSY
		Rationale This is a degenerative disease affecting coordinated movement.
B.	3.	PARKINSONISM
		Rationale This is a degenerative disease affecting coordinated movement.
B.	4.	CEREBROVASCULAR DISEASE
		Rationale Stroke impairs motor movement.
B.	5.	TREMORS
		Rationale Controlled movement is affected.

B. 6. CEREBRAL ANEURYSMS

Rationale Aneurysms cause serious motor dysfunctioning.

B. 7. RECURRENT SYNCOPE

Rationale Risk of dizziness poses a serious threat for safe academy and job performance.

B. 8. DEGENERATIVE DISEASES SUCH AS MULTIPLE SCLEROSIS AND HUNTINGTON'S CHOREA

Rationale These diseases are progressive disabling disorders affecting motor control.

B. 9. PERIPHERAL NERVE DISORDERS SUCH AS POLYNEURITIS, MONO NEURITIS AND NEUROFIBROMATOSIS

Rationale These disorders affect motor movement.